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The Department of Vermont Health Access Medical Policy

Augmentative Communication Devices

Last Revision: January 30, 2017* Revision 4: November 10, 2016*

Revision 3: June 18, 2015 **Revision 2:** May 8, 2014 **Revision 1:** June 25, 2013 **Original:** April 23, 2012

*Please note: Most current content changes will be highlighted in vellow.

Description of Service or Procedure

"Augmentative Communication Device or System" means a specialized type of device that transmits or produces messages or symbols in a manner that compensates for the disability of a beneficiary with severe communication impairment. A system also includes any software and peripheral devices required by the beneficiary to use the primary device effectively.

Note that augmentative communication devices are also described as speech generating devices and alternative/augmentative communication (AAC) devices.

Disclaimer

Coverage is limited to that outlined in Medicaid Rule that pertains to the member's aid category. Prior Authorization (PA) is only valid if the member is eligible for the applicable item or service on the date of service.

Medicaid Rule

7102.2 Prior Authorization Determination

7103 Medical Necessity

7505.3 Conditions for Coverage

7505.5 Noncovered Services

7507 Augmentative Communication Devices/Systems

Medicaid Rules can be found at http://humanservices.vermont.gov/on-line-rules



Coverage Position

Augmentative communication devices/systems may be covered for beneficiaries:

- When the device/system is prescribed by a licensed medical provider, enrolled in the Vermont Medicaid program, operating within their scope of practice in accordance with the Vermont State Practice Act, who is knowledgeable in the use of augmentative communication devices/systems and who provides medical care to the beneficiary. AND
- When the clinical criteria below are met.

Coverage Criteria

Augmentative communication devices/system may be covered for beneficiaries who:

- Have a severe communication impairment; and
- Have undergone a comprehensive evaluation by a qualified speech language pathologist; and
- Have undergone a successful trial of at least one month duration to ensure that the device/system will meet the beneficiary's medical needs; and
- Have been prescribed a device/system that takes into account the current and future needs of the beneficiary, where the prescription has been completed by a qualified speech language pathologist and endorsed by a physician or physician extender working within his or her scope of practice; and
- Have demonstrated that the ability to use the device for medically necessary purposes, including but not limited to activities of daily living; and
- Have demonstrated that the device/system shall be used by the beneficiary such that the communication originates from the beneficiary and not from a facilitator or support person.

Coverage for a rental device/system may be covered for beneficiaries who:

- Require a temporary device/system for use while a primary device is being repaired; or
- Require a device/system for the required trial evaluation period; or
- Have a short term need only.

Note: All Augmentative Communication Devices/Systems, both purchase and rental, require prior authorization.

When making its determinations for coverage, The Department of Vermont Health Access (DVHA) utilizes nationally recognized evidence-based criteria, internal guidelines which reflect Vermont Medicaid Rule, and the Vermont Medicaid Rules themselves.

All covered devices must meet the beneficiary's medical needs (Vermont Medicaid Rule 7103), must match the capability of the device/system/accessories to the beneficiary's medical needs within the limitations of Vermont Medicaid coverage, and must be the least expensive, medically appropriate device (7102.2).

The documentation provided in the Augmentative Communication Evaluation and Prescription Forms are advisory in nature, to assist medical providers and durable medical equipment providers in providing the documentation necessary to complete a request to Vermont Medicaid for coverage of a communication device. Use of the DVHA forms and the information contained on the forms will facilitate the prior authorization process.

Clinical guidelines for repeat service or procedure

- When the device no longer meets the medical needs of the beneficiary, OR
- When the device is no longer functional through normal wear (expected to last at least 5 years),.

Type of service or procedure covered_

Covered augmentative communication devices or systems include but are not limited to the following:

- (1) Non-powered devices,
- (2) Battery-powered systems such as specialized typewriters,
- (3) Electronic and computerized devices, such as: electrolarynges; portable speech devices; hand-held computers and memo pads; typewriter-style communication aids with an electronic display and/or synthesized speech; electronic memo writers with key or membrane pad; customized assisted keyboards; scanning devices including optical pointer, single switch, mouse, trackball, and/or Morse code access; laptop or micro computers; and computer software, and
- (4) Peripheral equipment including: eye-gaze systems, mounts, cases, speakers, pointers, switches, and switch interfaces that are specific to the use of the device or system as prescribed.

Other covered services include:

- (1) Modification, programming, or adaptation of Medicaid-purchased devices when provided by qualified speech language pathologists, and,
- (2) Repairs/service on Medicaid-purchased items after one year when the repair/service is ordered by a qualified provider and provided by a qualified vendor. Rental devices are covered during the repair period.
- (3) Comprehensive evaluation by a qualified speech language pathologist.

Type of service or procedure not covered (this list may not be all inclusive)

- Devices/systems for purposes other than communication; and
- Environmental control devices, such as certain switches, control boxes, or battery interrupters, and similar devices that do not primarily address a medical need; and
- Equipment prescribed for educational or vocational purposes; and
- More than one primary device; and
- Devices/systems where the communication does not originate from the beneficiary but instead from a facilitator or support person; and
- Training by the manufacturer or supplier beyond what is included in the purchase of the device is not covered. If additional training is necessary for the beneficiary to set up and use the device, it may be obtained through a licensed speech language pathologist.

References

American Academy of Child and Adolescent Psychiatry (AACAP). (2008). Facilitated Communication. Policy statement. Retrieved January 27, 2017 from:

https://www.aacap.org/aaCaP/Policy_Statements/2008/Facilitated_Communication.aspx.

American Psychological Association (APA). (2004). Resolution on facilitated communication. Adopted in Council August 14, 1994, Los Angeles, CA. Retrieved January 27, 2017 from: https://www.autism-watch.org/rx/fc(apa).shtml.

American Speech-Language-Hearing Association. (1995). Position statement: Facilitated Communication. Retrieved January 27, 2017 from: http://www.asha.org/policy/PS1995-00089/.

Association for Science in Autism Treatment. Facilitated communication. Retrieved January 27, 2017 from: http://www.asatonline.org/for-parents/learn-more-about-specific-treatments/facilitated-communication.

Auditory Integration Training and Facilitated Communication for Autism. (1998, August 2). *American Academy of Pediatrics. Pediatrics*, 102(2). Retrieved April 9, 2010, from: http://pediatrics.aappublications.org/content/102/2/431.full.pdf+html

Behavior Analysis Association of Michigan (BAAM). (2006). Resolution and statements by scientific, professional, medical, governmental, and support organizations against the use of facilitated communication. Retrieved January 27, 2017 from:

http://www.baam.emich.edu/baamsciencewatch/baamfcresolutions.htm

Baxter, S., Enderby, P., Judge, S., & Evans, P. (2012). Interventions Using High Technology Communication Devices: a State of the Art Review. *Folia Phoniatrica et Logopaedica*. Retrieved May 29, 2013, from: http://www.karger.com/Article/Pdf/338250

Burgess, C., Kirsch, I., Shane, H., Niederauer, K., Graham, S., & Bacon, A. (1998). Facilitated communication as an ideomotor response. *Research Report, Psychological Science*, *9*(1). Retrieved January 27, 2017 from: http://journals.sagepub.com/doi/pdf/10.1111/1467-9280.00013.

Constantino, M., & Bonati, M. (2014). A scoping review of interventions to supplement communication for children with limited speech skills. *PLOS One*. Retrieved May 25, 2014, from: http://www.plosone.org/article/fetchObject.action?uri=info%3Adoi%2F10.1371%2Fjournal.pone.009074 4&representation=PDF

Desch, L.W., & Gaebler-Spira, D. (2008). Prescribing assistive technology systems: Focus on children with impaired communication. *American Academy of Pediatrics. Pediatrics*, 121(6). Retrieved April 9, 2010, from: http://pediatrics.aappublications.org/content/121/6/1271.full.pdf+html

Dunst, C., Trivette, C., & Hamby, D. (2012). Assistive technology and the Communication and Literacy Development of Young Children with Disabilities. *Center for Early Literacy Learning*, *5*(7). Retrieved May 29, 2013, from:

<a href="http://www.earlyliteracylearning.org/cellreviews/cellrevie

Ganz, J., Hong, E., & Goodwyn, F. (2013). Effectiveness of the PECS Phase III App and the choice between the app and traditional PECS among preschoolers with ASD. *Research in Autism Spectrum Disorder*, 7. Retrieved May 25, 2014, from: http://ac.els-cdn.com/S1750946713000640/1-s2.0-S1750946713000640-main.pdf? tid=c52b2016-4f0d-11e4-a11b-00000aacb362&acdnat=1412788309 ef7d7dea2a2cd77c985fd95f5569d733

Ganz, J.B., Mason, R.A., Goodwyn, F.D., Boles, M.B., Heath, A.K., & Davis, J.L. (2014) Interaction of participant characteristics and type of AAC with individuals with ASD: A Meta-Analysis. *American Journal on Intellectual and Developmental Disabilities, 119*(6). Retrieved on May 19, 2015: http://oaktrust.tamu.edu/bitstream/handle/1969.1/152272/AAC%20Meta_revisions_2014.06.pdf?sequence=1&isAllowed=y.

Kagohara, D. et al. (2013). Using iPods and iPads in teaching programs for individuals with developmental disabilities: A systematic review. *Research in Developmental Disabilities*, *34*. Retrieved on May 19, 2015:

https://www.researchgate.net/publication/230782431_Using_iPods_%28R%29_and_iPads_%28R%29_in_teaching_programs_for_individuals_with_developmental_disabilities_A_systematic_review.

Green, G., & Shane, H. (1994). Science, reason, and facilitated communication. *JASH*, 19(3_. Retrieved January 27, 2017 from: http://journals.sagepub.com/doi/pdf/10.1177/154079699401900302

Jacobson, J., Mulick, J., & Schwartz, A. (1995). A history of facilitated communication: Science, pseudoscience, and antiscience: Science Working Group on Facilitated Communication. *American Psychologist*, *50*. Retrieved January 27, 2017 from: http://www.geocities.ws/validationluna/html/a history of FC e.html.

Kezuka, E. (1997). The role of touch in facilitated communication. *Journal of Autism and Developmental Disorders*, 27(5).. Retrieved January 27, 2017 from:

http://download.springer.com/static/pdf/310/art%253A10.1023%252FA%253A1025882127478.pdf?originUrl=http%3A%2F%2Flink.springer.com%2Farticle%2F10.1023%2FA%3A1025882127478&token2=exp=1485531122~acl=%2Fstatic%2Fpdf%2F310%2Fart%25253A10.1023%25252FA%25253A1025882127478.pdf%3ForiginUrl%3Dhttp%253A%252F%252Flink.springer.com%252Farticle%252F10.1023%252FA%253A1025882127478*~hmac=f71bc5e2ac7425ee15dcd56cf839466a98bacbb757896483e97b204f0737da13.

Konstantareas, M., & Gravelle, G. (1998). Facilitated communication. The contribution of physical, emotional, and Mental Support. Autism, 1998. Retrieved January 27, 2017 from: <a href="http://download.springer.com/static/pdf/310/art%253A10.1023%252FA%253A1025882127478.pdf?originUrl=http%3A%2F%2Flink.springer.com%2Farticle%2F10.1023%2FA%3A1025882127478&token2=exp=1485531122~acl=%2Fstatic%2Fpdf%2F310%2Fart%25253A10.1023%25252FA%25253A1025882127478.pdf%3ForiginUrl%3Dhttp%253A%252F%252Flink.springer.com%252Farticle%252F10.1023%252FA%253A1025882127478*~hmac=f71bc5e2ac7425ee15dcd56cf839466a98bacbb757896483e97b204f0737da13.

Light, J., & McNaughton, D. (2013). Putting people first: Re-thinking the role of technology in augmentative and alternative communication intervention. *Augmentative and Alternative Communication* 29(4), pp. 299-309. Retrieved September 29, 2016: http://www.tandfonline.com/doi/full/10.3109/07434618.2013.848935.

Lilienfeld, S. (2005). Scientifically unsupported and supported interventions for childhood psychopathology: A summary. *Pediatrics*, *115*. Retrieved January 27, 2017 from: http://pediatrics.aappublications.org/content/pediatrics/115/3/761.full.pdf.

McNaughton, D., & Light, J. (2013). The iPad and mobile technology revolution: Benefits and challenges for individuals who require augmentative and alternative communication. *Augmentative and Alternative Communication*, 29(2), pp.107-116. Retrieved September 29, 2016: http://www.tandfonline.com/doi/full/10.3109/07434618.2013.784930

Montee, B., Miltenberger, R., & Wittrock, D. (1995). An experimental analysis of facilitated communication. *Journal of Applied Behavior Analysis*, 28(2), 189-200. Retrieved September 29, 2016: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1279809/pdf/jaba00004-0079.pdf

Mostert, M. (2001). Facilitated communication since 1995: A review of published studies. *Journal of Autism and Developmental Disorders*. *31*(3). Retrieved September 29, 2016: http://download.springer.com/static/pdf/952/art%253A10.1023%252FA%253A1010795219886.pdf?originUrl=http%3A%2F%2Flink.springer.com%2Farticle%2F10.1023%2FA%3A1010795219886&token2=exp=1475172872~acl=%2Fstatic%2Fpdf%2F952%2Fart%25253A10.1023%25252FA%25253A1010795219886.pdf%3ForiginUrl%3Dhttp%253A%252F%252Flink.springer.com%252Farticle%252F10.1023%252FA%253A1010795219886*~hmac=d7bec4b1aa5a38fb728d10aaace853d3db5ee94d4faa62feaf1285065c59f351

Myers, S., & Plauche-Johnson, C. (2007). Management of children with Autism Spectrum Disorders. American Academy of Pediatrics. *Pediatrics*, 120(5). Retrieved September 29, 2016: http://pediatrics.aappublications.org/content/120/5/1162.

National Autism Center. (2015). Findings and conclusions: National Standards Project, Phase 2. *National Autism Center*. Retrieved January 27, 2017 from: http://nebula.wsimg.com/095f2eaecadd66315c08cb0bc73f7e38?AccessKeyId=09731470013316E7A5E8 & disposition=0&alloworigin=1.

Orr, A.C. & Mast, M. (2014). Tablet-based communication and children with multiple disabilities: Lessons from the clinical setting. *Procedia; Social and Behavioral Sciences*, *141*. Retrieved May 19, 2015 from:

http://www.sciencedirect.com/science/article/pii/S1877042814034491.

Ryan, S.E. et al. (2015). Towards advancing knowledge translation of AAC outcomes research for children and youth with complex communication needs. *Augmentative and Alternative Communication*, 31(2). Retrieved September 29, 2016:

http://www.tandfonline.com/doi/full/10.3109/07434618.2015.1030038.

Schlosser, R., Balandin, S., Hemsley, B., Iacono, T., Probst, P., & von Tetzchner, S. (2014). Facilitated communication and authorship: A systematic review. *Augmentative and Alternative Communication*, 30(4). Retrieved January 27, 2017 from:

http://sovrazonalecaa.org/documenti condivisi/cf/Schlosser%202014.pdf.

Simpson, R. (2005). Evidence-based practices and students with autism spectrum disorders. *Focus on Autism and Other Developmental Disabilities*, 20(3). Retrieved January 27, 2017 from: http://journals.sagepub.com/doi/pdf/10.1177/10883576050200030201.

Travers, J.C., Tincani, M., Thompson, J.L., & Simpson, R.L. (2016). Picture exchange communication system and facilitated communication: Contrasting an evidence-based practice with a discredited method. In *Instructional Practices with and without Empirical Validity Advances in Learning and Behavioral Disabilities*, (pp. 85-110). Retrieved September 29, 2016:

https://www.researchgate.net/profile/Jason Travers/publication/304988507_PICTURE_EXCHANGE_COMMUNICATION_SYSTEM_AND_FACILITATED_COMMUNICATION_CONTRASTING_AN_EVIDENCE-

_BASED_PRACTICE_WITH_A_DISCREDITED_METHOD/links/577e16df08aeaa6988ae6f74.pdf.

Van Haren, K. et al. (2014). Consensus statement on preventive and symptomatic care of Leukodystrophy patients. *Molecular Genetics and Metabolism*. Retrieved September 29, 2016:

http://s3.amazonaws.com/academia.edu.documents/45493533/Consensus_statement_on_preventive_and_sy20160509-28501-

rlqpak.pdf?AWSAccessKeyId=AKIAIWOWYYGZ2Y53UL3A&Expires=1485809082&Signature=ZVaVSvwzKvZWy%2BOz9skhLsU3Y6E%3D&response-content-

disposition=inline%3B%20filename%3DConsensus_statement_on_preventive_and_sy.pdf

Wegner, D., Fuller, V., & Sparrow, B. (2003). Clever hands: Uncontrolled intelligence in facilitated communication. *Journal of Personality and Social Psychology*, 85(1). Retrieved January 27, 2017 from: http://www.disableddaughter.com/fc.pdf

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